

Attorney's Docket No. F-5235

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

original

design

supplemental

NOTE: *If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.*

national stage of PCT

NOTE: *If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.*

divisional

continuation

continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION
CONFINED AIR TUBE AND METHODS FOR HANDLING AIR
IN CLOSED BLOOD PROCESSING SYSTEMS

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) is attached hereto.

(b) was filed on May 21, 1998 as Serial No. 09/ 082,946
or Express Mail No., as Serial No. not yet known _____
and was amended on _____ *(if applicable).*

NOTE: *Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.*

(c) was described and claimed in PCT International Application No. _____ filed on _____
and as amended under PCT Article 19 on _____ *(if any).*

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

- In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
(e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN
12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. S 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO []
			<input type="checkbox"/> YES <input type="checkbox"/> NO []
			<input type="checkbox"/> YES <input type="checkbox"/> NO []
			<input type="checkbox"/> YES <input type="checkbox"/> NO []
			<input type="checkbox"/> YES <input type="checkbox"/> NO []

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Ralph G. Hohenfeldt (17,717)
Daniel D. Ryan (29,243)
Bradford R.L. Price (29,101)

Allan O. Maki (20,623)
Philip P. Mann (30,960)
Denise M. Serewicz (36,928)

(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

BAXTER HEALTHCARE CORPORATION
Bradford R.L. Price, Fenwal Division-RLP-30
Route 120 and Wilson Road
Round Lake, Illinois 60073

Denise M. Serewicz
(847) 270 - 2826

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

JEAN-MARIE (GIVEN NAME)	MATHIAS FAMILY (OR LAST NAME)
Inventor's signature	
Date <u>31 JULY '98</u>	Country of Citizenship <u>BELGIUM</u>
Residence <u>LILLOIS, BELGIUM</u>	
Post Office Address <u>AVENUE DU TONNELIER, 46</u>	
	<u>1428 LILLOIS, BELGIUM</u>

Full name of second joint inventor, if any

JEAN-MARC (GIVEN NAME)	PAYRAT FAMILY (OR LAST NAME)
Inventor's signature	
Date <u>X 31 July 98</u>	Country of Citizenship <u>BELGIUM</u>
Residence <u>NIVELLES, BELGIUM</u>	
Post Office Address <u>ALLÉE DU LONG FÉTU, 6</u>	
	<u>1400 NIVELLES, BELGIUM</u>

Full name of third joint inventor, if any

THOMAS (GIVEN NAME)	CONEYS FAMILY (OR LAST NAME)
Inventor's signature	
Date	Country of Citizenship <u>FRANCE</u>
Residence	<u>FEUSINES, FRANCE</u>
Post Office Address	<u>LA LANDE</u>
	<u>36160 FEUSINES, FRANCE</u>

Full name of fourth joint inventor, if any

PHILIPPE (GIVEN NAME)	VAN HEEMS FAMILY (OR LAST NAME)
Inventor's signature	
Date	Country of Citizenship <u>FRANCE</u>
Residence	<u>LA CHATRE, FRANCE</u>
Post Office Address	<u>PLACE DE L'ABBAYE, 6</u>
	<u>36400 LA CHATRE, FRANCE</u>

Full name of fifth joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	
Residence		
Post Office Address		

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

JEAN-MARIE (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	MATHIAS FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	BELGIUM
Residence	LILLOIS, BELGIUM	
Post Office Address	AVENUE DU TONNELIER, 46 1428 LILLOIS, BELGIUM	

Full name of second joint inventor, if any

JEAN-MARC (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	PAYRAT FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	BELGIUM
Residence	NIVELLES, BELGIUM	
Post Office Address	ALLÉE DU LONG FÉTU, 6 1400 NIVELLES, BELGIUM	

Full name of third joint inventor, if any

THOMAS (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	CONEYS FAMILY (OR LAST NAME)
Inventor's signature X-W. Coneys	_____	
Date 24 July 98	Country of Citizenship	FRANCE
Residence	FEUSINES, FRANCE	
Post Office Address	LA LANDE 36160 FEUSINES, FRANCE	

Full name of fourth joint inventor, if any

PHILIPPE (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	VAN HEEMS FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	FRANCE
Residence	LA CHATRE, FRANCE	
Post Office Address	PLACE DE L'ABBAYE, 6 36400 LA CHATRE, FRANCE	

Full name of fifth joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	_____
Residence	_____	
Post Office Address	_____	

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

JEAN-MARIE (GIVEN NAME)	MATHIAS FAMILY (OR LAST NAME)
Inventor's signature _____	_____
Date _____	Country of Citizenship BELGIUM
Residence LILLOIS, BELGIUM	_____
Post Office Address AVENUE DU TONNELIER, 46	_____
	1428 LILLOIS, BELGIUM

Full name of second joint inventor, if any

JEAN-MARC (GIVEN NAME)	PAYRAT FAMILY (OR LAST NAME)
Inventor's signature _____	_____
Date _____	Country of Citizenship BELGIUM
Residence NIVELLES, BELGIUM	_____
Post Office Address ALLÉE DU LONG FÉTU, 6	_____
	1400 NIVELLES, BELGIUM

Full name of third joint inventor, if any

THOMAS (GIVEN NAME)	CONEYS FAMILY (OR LAST NAME)
Inventor's signature _____	_____
Date _____	Country of Citizenship FRANCE
Residence FEUSINES, FRANCE	_____
Post Office Address LA LANDE	_____
	36160 FEUSINES, FRANCE

Full name of fourth joint inventor, if any

PHILIPPE (GIVEN NAME)	VAN HEEMS FAMILY (OR LAST NAME)
Inventor's signature X Van Heems	_____
Date 22 July 1998	Country of Citizenship FRANCE
Residence LA CHATRE, FRANCE	_____
Post Office Address PLACE DE L'ABBAYE, 6	_____
	36400 LA CHATRE, FRANCE

Full name of fifth joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____	_____	_____
Date _____	Country of Citizenship _____	_____
Residence _____	_____	_____
Post Office Address _____	_____	_____

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
ARE A PART OF THIS DECLARATION

[] Signature for sixth and subsequent joint inventors. Number of pages added _____

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. Number of pages added _____

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37
CFR 1.47. Number of pages added _____

[] Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application.

[] Number of pages added _____

[] Authorization of attorney(s) to accept and follow instructions from representative

*(If no further pages form a part of this declaration then end this declaration with this
page and check the following item:)*

[x] This declaration ends with this page